1300 WEST SILVER SPRING DRIVE

MI LWAUKEE 53209 Phone: (414) 228-8120	)	Ownershi p:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Hi ghest Level Li cense:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	123	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	135	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	107	Average Daily Census:	114
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	<u>-</u>	Age Groups	%	Less Than 1 Year	45. 8
Supp. Home Care-Personal Care	No			i		1 - 4 Years	44. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 9	Under 65	19.6	More Than 4 Years	9. 3
Day Services	No	Mental Illness (Org./Psy)	15. 9	65 - 74	22. 4		
Respite Care	No	Mental Illness (Other)	2.8	<sup>'</sup> 75 - 84	32.7	'	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	23. 4	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	1. 9	Full-Time Equivalen	t
Congregate Meals	No	Cancer	1. 9	İ		Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	5. 6	65 & 0ver	80. 4		
Transportati on	Yes	Cerebrovascul ar	20. 6	'		RNs	8. 8
Referral Service	Yes	Di abetes	7. 5	Sex	%	LPNs	7. 9
Other Services	No	Respi ratory	8. 4		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	36. 4	Male	43. 9	Ai des, & Orderlies	36. 2
Mentally Ill	No			Female	56. 1		
Provi de Day Programming for			100.0				
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther		]	Pri vate Pay	;		amily Care		l	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	9	10. 3	113	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	9	8. 4
Skilled Care	14	100.0	320	72	82. 8	97	0	0.0	0	4	100.0	171	0	0.0	0	2	100.0	350	92	86. 0
Intermedi ate				5	5. 7	81	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	4. 7
Limited Care				1	1. 1	81	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0. 9
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		87	100. 0		0	0.0		4	100. 0		0	0.0		2	100.0		107	100. 0

County: Milwaukee SILVER SPRING HEALTH/REHABILITATION

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services	s, and Activities as of 12/	31/01
Deaths During Reporting Period	l	`					
		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Assi	stance of	% Totally	Number of
Private Home/No Home Health	0.8	Daily Living (ADL)	Independent	One (	r Two Staff	Dependent 1	Resi dents
Private Home/With Home Health	4.6	Bathi ng	11. 2		43. 0	45. 8	107
Other Nursing Homes	3.8	Dressi ng	15. 9		49. 5	34. 6	107
Acute Care Hospitals	85.7	Transferring	24. 3		42. 1	33. 6	107
Psych. HospMR/DD Facilities	0.0	Toilet Use	19. 6		42. 1	38. 3	107
Rehabilitation Hospitals	0.0	Eating	59. 8		16. 8	23. 4	107
Other Locations	5. 1	**************	*********	******	********	*********	******
Total Number of Admissions	237	Conti nence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	6. 5	Recei vi ng	Respiratory Care	4. 7
Private Home/No Home Health	14.8	Occ/Freq. Incontinent	of Bladder	59. 8	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	8. 2	Occ/Freq. Incontinent	of Bowel	<b>57.</b> 0	Recei vi ng	Sucti oni ng	0. 9
Other Nursing Homes	4. 5	<u>-</u>			Recei vi ng	Ostomy Care	14. 0
Acute Care Hospitals	<b>56</b> . 1	Mobility			Recei vi ng	Tube Feeding	10. 3
Psych. HospMR/DD Facilities	0.0	Physically Restrained		0. 9	Recei vi ng	Mechanically Altered Diets	15. 9
Rehabilitation Hospitals	0.0				_	-	
Other Locations	2.0	Skin Care			Other Reside	ent Characteristics	
Deaths	14. 3	With Pressure Sores		10. 3	Have Advan	ce Directives	100. 0
Total Number of Discharges		With Rashes		1. 9	Medi cati ons		
(Including Deaths)	244	ĺ			Recei vi ng	Psychoactive Drugs	48. 6
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